PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paregork Reduction Act 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Fees pursuant to the Cashington Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 755.00

Complete if Known					
Application Number	09/816,016				
Filing Date	March 23, 2001				
First Named Inventor	Betsy P. Colwell				
Examiner Name	Andrea M. Valenti				
Art Unit	3643				
Attorney Docket No.	02200-1				

METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
✓ Deposit Account □	•			•	_	Salter & Mich	aelson
For the above-identi	fied deposit	account, the Dir	ector is hereby	authorized t	o: (check all th	at apply)	
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEAF	RCH. AND	EXAMINATIO	N FEES				
.,	FILING	FEES	SEARCH			TION FEES	
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Fee (\$)	<u>S</u> Fee (\$)	mall Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES  Fee Description  Small Entity Fee (\$)							Fee (\$)
Each claim over 20 (i Each independent cla			(201122			50 200	25 100
Multiple dependent c		mending iter	ssucs)			360	180
Total Claims							
42 - 20 or HP =		x <u> 25</u>	=100.	00		Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)							
5 - 3 or HP = 2 x 100 = 200.00  HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE		s paid for, if greate	r than 3.				
If the specification and	drawings e	exceed 100 she	eets of paper	(excluding	electronically	y filed sequen	ce or computer
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  - 100 = /50 = (round up to a whole number) x =							
4. OTHER FEE(S) Non-English Specific	cation, \$1	30 fee (no sm	all entity dis	count)			Fees Paid (\$)
Other (e.g., late filing		<b>∼</b> .	•	,			455.00
		1 / //					

SUBMITTED BY	4		1/		///			
Signature		Um	74	rul	7	Registration No. (Attorney/Agent) 25,075	Telepho	one 401-421-3141
Name (Print/Type)	David	M. Drisc	ioll				Date	me 20,2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.